

DIVISION OF BEHAVIORAL HEALTH AND RECOVERY  
OFFICE OF PROGRAM SERVICES  
PROGRAM PROFILE

## Residential Treatment Services for Youth

**Date of last update:** January 2010

**Who can I contact at DBHR for more information?**

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**What residential treatment services are provided for youth?**

Through contracts with 12 treatment agencies throughout Washington, DBHR funding supports a continuum of residential chemical dependency treatment services for youth. Services are provided in youth-only facilities, and are designed to be developmentally appropriate for adolescents age 13–17. Exceptions are occasionally made for youth who are either younger or older.

The range of contracted services are designed to meet the needs of youth based on clinical severity, and to address mental health issues, need for security, family problems, emotional and behavioral issues, and housing. Services are family oriented, provide safe and comfortable settings, and include a high level of staff supervision.

- **Level I Services** are designed for youth with primary chemical dependency problems, but without significant mental health or emotional problems. Length of stay is variable, up to 35 days.
- **Level II Services** are designed for youth with co-occurring mental health and chemical dependency problems, and specifically where the effectiveness of chemical dependency treatment would likely be adversely affected without mental health, emotional, and/or behavioral problems being addressed. Mental health problems might include depression, aggression, post-traumatic stress disorder, family problems, attention deficit disorders, or others. Providers are required to employ a full-time mental health counselor to work with staff and youth on treatment for co-occurring disorders. Length of stay is variable, up to 60-90 days.
- **Recovery House Services** are for youth who require continued but less intensive treatment services due to not being ready to return home, or for whom home is not a safe, supportive environment. The focus of treatment is long-term recovery, community support, and improvement in major life competencies. Length of stay is variable, up to 30-90 days. DBHR ***no longer*** contracts for **Level I** and **Level II** Recovery House services.

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**What populations are served/Who is eligible?**

Low-income (at or below 220% of the federal poverty level) substance-abusing youth ages 13–17 are eligible for services. When waiting lists occur for services, priority is given to youth who have the most severe clinical needs. Clinical priorities would include “being on the street/homeless,” intravenous drug users, pregnant females, youth referred from detoxification, ITA referrals, and runaway Becca youth at highest risk of danger to self or others. Youth to age 12 and those over age 18 may be served by some facilities.

Funding eligibility allows partial use of DBHR funds, private payment, and insurance when available. DBHR and providers set sliding fee scales to accommodate youth in greatest need so that funding is not a barrier to youth access.

**How many people are served during the biennium?**

Approximately 3,200 youth receive residential treatment services each biennium. Due to longer stays in treatment, and more completion of treatment, the number of youth being served may be less than in previous bienniums.

**What is the biennial funding amount and sources?**

Total 2009–11 Biennium funding for youth residential treatment services is approximately \$21,000,000. Sources of funds include General Fund State and Federal Medicaid.

Treatment expansion beds are located at Daybreak Spokane (5 beds), Sundown M Ranch (2 beds), and Lakeside-Milam (5 beds). Total annual expansion funding for youth residential is \$823,878.

**What would be the impact if this funding was longer available?**

Without residential treatment, many of these youth would continue to suffer the negative consequences of their addictions to alcohol and other drugs. These untreated youth would be suspended or expelled from school, end up in the emergency psychiatric or medical services, continue to commit crimes; some would end up out of their homes and on the street and some may suffer emotional problems which may lead to suicide and death.

**What other agencies collaborate with DBHR to implement this program?**

DBHR-contracted chemical dependency treatment providers coordinate service delivery with the Division of Children and Family Services, Mental Health Regional Support Networks, Children’s Services, Juvenile Rehabilitation Administration, and other state programs. Providers also work with county outpatient services to ensure continuing care following residential treatment.

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**What are the sources for more information?**

DBHR has conducted numerous outcome evaluation studies of youth residential treatment. These studies show many positive outcomes in the area of lower juvenile crime, better school attendance and performance, better family life, less emergency services, less running away from home, and overall satisfaction with treatment by both youth and families.

- Alcohol/Drug Hotline, 1-800-562-1240
- Tina Burrell, Youth Treatment System Manager, (360) 725-3796, [tina.burrell@dshs.wa.gov](mailto:tina.burrell@dshs.wa.gov)

**DBHR REGIONAL TREATMENT MANAGERS:**

Region 1 & 2:	Eric Larsen (509) 225-6232
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Region 4:	Bob Leonard (360) 272-2188
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Region 6:	Ruth Leonard (360) 725-3742 (also for assistance with Becca /ARY issues)